WYOMING WIC PROGRAM
MEDICAL DOCUMENTATION-WOMEN AND CHILDREN

Prescription is subject to WIC approval and provision based on Program policy and procedure.

Patient's Name: | **Birth Date (MM/DD/YY):**

Qualifying Medical Condition(s):

ICD-9 Code(s):

Food Prescribed for Medical Condition:
☐Soy Beverage (Children only) ☐Additional Cheese (Amount based on WIC health professional's opinion)

Special Instructions/Comments:

Formula/Medical Food Prescribed:

☐ Alimentum Advance (027) ☐ Similac Early Shield Advance(045) ☐ Elecare (077)
☐ Neocate Junior (077) ☐ Nutramigen Lipil (032) ☐ Nutren Junior (077)
☐ Nutren Junior w/fiber (077) ☐ Pediasure w/fiber (035) ☐ Pediasure (034)
☐ Pregestimil Lipil (036) ☐ Similac Sensitive RS (055) ☐ Isomil (050)
☐ Similac Go & Grow (soy) (058) ☐ Similac Go & Grow (milk-based) (057)
☐ Neocate One + (077) ☐ Other medically necessary formula: _____
☐ Whole milk-Only for a participant on a specialty formula who requires additional calories.

Amount Prescribed:
_____**oz/day**
If prescribed amount of formula exceeds the maximum amount allowed by WIC Program, only the maximum amount will be provided.

Length of Prescription:
_____
(Maximum six months)

Provider: Please note if any foods listed below should be restricted due to this person's medical diagnosis.

WIC Supplemental Foods Available For Children 1 to 5 Years and Women	Restrictions/Comments
Milk	
Cheese	
Eggs	
Juice	
Cereal	
Beans	
Peanut Butter	
Whole Wheat Bread/Brown Rice/Oatmeal	
Vegetables/Fruits	
Canned Tuna/Salmon (Breastfeeding women only)	

Provider's Printed Name:

Provider's Signature: | **Date:**

Medical Office Name and Address: | **Phone:** **Fax:**

Photos/Materials provided by New York State Department of Health (adapted)
Wyoming WIC Program 09/2009 WIC is an equal opportunity provider.